

# *Dateline DHMH*

Maryland Department of Health and Mental Hygiene

## *A Message from the Secretary*

Now that we have reached the dawn of a new year, I want to sincerely thank you for your help and dedication to protecting, informing and serving the public during 2001.

As many of you know, in October Governor Glendening announced a reduction in operating costs of 1.5 percent and implemented a statewide hiring freeze. These strategies are designed to help offset a projected budget deficit by controlling costs across the board.

It is never easy to cut back, especially when our mission is so important. And although it will be a difficult cycle for us, we will get through it.

Here are some thoughts I have:

For starters, I want to stress how important is it that we concentrate on stabilizing, improving or strengthening the programs we currently have.

One way to do this is by focusing on what we do best — providing basic public health services to our customers.

This is accomplished by concentrating on issues that define public health, such as food and disease control. We do this, in part, through our valuable partnerships with the local health departments. They are a crucial element in our food control efforts. Sanitarians

are on the front line, inspecting restaurants and other food service establishments.

Our local health departments are also a critical element in our efforts to control disease. The local jurisdiction is the first public sector agency to learn of disease outbreaks in their region. Our epidemiologists and surveillance staff work in concert with them to define and control the spread of any outbreak.

Another issue is one that goes hand in hand with a slowed economy — the need to provide services to more people. Because of this we need to assure access to quality health care through the Medicaid program. We have to make sure that we are there when those in need look to us for help.

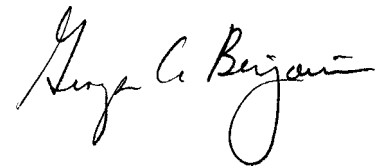
I also want us to continue to build on the success of the Cigarette Restitution Fund Program (CRFP), a relatively new initiative made possible by the national tobacco settlement. The CRFP has had many successes in its 18 month existence and we will work hard to make sure we continue to use each dollar allocated to the program as efficiently as possible.

As always, there is a way for you to help: your constant vigilance of our use of State funds to assure that they are used for our most critical needs. And, any problems that you may encounter affecting the safety of the citizens we serve should be brought to the attention

of program directors and deputy secretaries as soon as possible.

I know that as we enter this new year, many difficult issues lie ahead. I am confident, that by working together, we will be up to these challenges.

I hope that achieving these goals is rewarding for you. I also sincerely want to wish you and your loved ones a happy and tranquil new year.



## **DHMH Wins Five Awards at Recognition Conference**

DHMH employees excelled at every level of the 2001 Governor's Annual Awards and Employee Recognition Training Conference held on November 20 at the Baltimore Convention Center. One facility, three individuals and one team walked away with honors. And, over 100 of the 1,800 State employees in attendance were from DHMH.

Congratulations to the **Western Maryland Hospital Center** for being presented a silver trophy from the Governor's Performance Excellence Assessment Program (GPEAP). This rigorous assessment program compares

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## Awards *Continued*

participating State agencies to the best organizational success factors in the world.

The State agencies that applied, Western Maryland Hospital Center, Cecil County Department of Social Services, Motor Vehicle Administration, and State Highway Administration, all earned silver trophies.

In the *Exceptional Employees Achievement Awards* (EEAA), DHMH had outstanding representation, winning three of nine individual categories and one of three team categories.

Congratulations to **Carrie Day**, **Tracy Groves**, **William Thomas** and the **Maryland Healthy Kids Quality Improvement Team** for bringing home honors. The winning categories and a brief description from their nomination applications are as follows:



*Carrie Day (left) with Eloise Foster, Secretary of the Department of Budget and Management.*

- Paraprofessionals: **Carrie Day**, Personnel Associate I, Holly Center

"Ms. Day is a major contributor to the improved image of the personnel office. The office is no longer viewed as an obstacle but as a place to solve problems and be treated in a courteous, professional manner. Ms. Day created a database in the office that is kept current for reports, action updates, PEP, probations, reclassifications and positions filled."

- Professional Supervisors: **Tracy Groves**, Home Life Coordinator, Joseph H. Brandenburg Center



"Ms. Groves demonstrates leadership talents of a can-do attitude and the ability to motivate co-workers to volunteer time over and above work to assist the individuals living at the Brandenburg Center, plus have fun doing it."

*Tracy Groves with Secretary Foster*

- Skilled/Craft Workers: **William Thomas**, Adaptive Equipment Technician, Holly Center

"Mr. Thomas demonstrates his caring for the residents of the Holly Center by getting to know them so that equipment can be adapted not just to meet their physical needs, but allows Mr. Thomas to incorporate the individual's likes and dislikes into the design and make modifications with the individual in mind."



*William Thomas and Secretary Foster*

*Al Collins (right), Chief of Staff to Governor Glendening, and Arlene Stephenson (left), Deputy Secretary Public Health Services, with the Maryland Healthy Kids Quality Improvement Team.*



- Information Technology Innovative Team: **Maryland Healthy Kids Quality Improvement Team**, Health Choice and Acute Care Administration — Lillian Barnes, Marti Grant, Lynada Johnson, Sarah Reese-Carter, Jackie Richter, John Spencer, Johnna Watson.

"What makes this team exceptional is their commitment to and knowledge of quality preventive care for children/teens/young adults. Formed in 1999, the team has developed and introduced an innovative computerized data-entry system allowing the team to conduct on-site quality improvement chart reviews with data entry by way of laptops."

In addition to the DHMH employees above, 17 other DHMH employees and four other DHMH teams were nominated.

## New Department Reward and Recognition Plan

At its November 30 meeting, the DHMH Performance Excellence Council approved a new department-level Reward and Recognition Plan.

The plan, developed by the Council's Reward and Recognition Committee and the previous Recognition Team, will recognize

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## Reward and Recognition Plan *Cont.*

performance excellence once a year on a department-wide level in the same nine professional categories as the State's Exceptional Employees Achievement Awards and in two team categories.

Individuals will be rewarded for going above and beyond standard duties to achieve performance excellence in customer satisfaction, innovation or leadership. Teams will receive awards for achieving performance excellence in process improvement or information technology process improvement.

Any DHMH employee may nominate any other DHMH employee. Nominations will be evaluated by an Evaluation Committee. Nominees and nominators will be notified of the results.

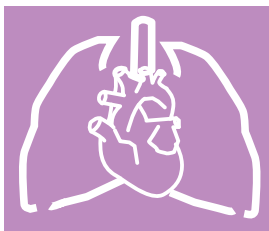
Winners will receive a framed certificate from the Secretary and recognition at the annual Performance Excellence Symposium in June.

### **Nominations will be accepted through the month of January.**

Nomination forms and information are posted on the DHMH Web site at <http://www.dhmh.state.md.us/pe/html/perfawards.htm>.

For more information, contact Lee Williamson, Performance Excellence Coordinator, at 410-767-5190 or at [lwilliamson@dhmh.state.md.us](mailto:lwilliamson@dhmh.state.md.us). Take the time to nominate a deserving individual or a team. Thank you.

## Cardiovascular Disease Surveillance Report Released



The Division of Cardiovascular Health & Nutrition has released a report which describes the burden of cardiovascular disease, which is the number one cause of death in every Maryland jurisdiction.

The report, entitled *Maryland Cardiovascular Disease Surveillance Statistics for Cardiovascular Disease*, shows that more people die each year from cardiovascular disease (CVD) than from cancer, AIDS, suicide, and traffic injuries combined.

It lists CVD mortality rates and other data for each Maryland county and for Baltimore City. In particular, the western region of the state, Baltimore City and parts of the Eastern Shore have the highest rates of CVD deaths.

Almost 40 percent of deaths in Maryland were attributed to CVD in 1999, the latest year for which complete information is available. In the same year, over 94,700 hospitalizations resulting from CVD were responsible for \$890 million in hospital bills.

Contrary to the public image that CVD is a disease of older men, more women than men die of CVD in Maryland, a trend which is reflected nationally. Also, 20 percent of Maryland adults who died of CVD in 1999 were younger than 65 years of age.

In Maryland's African-American population, the rate of premature death was much higher. Over 40 percent of CVD deaths among African-American men occur before the age of 65; for African-American women, the comparable figure is 25 percent.

Most important, cardiovascular disease is largely preventable. One out of five Maryland adults currently smokes, 80 percent do not get regular physical activity, and more than half are overweight. Smoking, sedentary lifestyle and obesity are all risk factors for CVD.

These risk factors are modifiable, meaning that individuals who control these factors can slow, or even reverse, the process of arterial blockage and decrease their risk of having a heart attack or stroke, the main contributors to cardio-vascular disease rates. Additional modifiable risk factors are high blood cholesterol, high blood pressure, and diabetes.

In Maryland, most adults report having at least one risk factor for CVD. People with three or more CVD risk factors are nearly four times as likely to die from CVD as people with no risk factors. Nearly all people with three or more risk factors are either overweight or physically inactive or both. Addressing just one or two risk factors can improve health dramatically.

For example, a recently completed federally-funded study demonstrated that moderate intensive activity, such as walking, combined with losing a moderate amount of weight, can delay by 58 percent the onset of type 2 diabetes, a major risk factor for CVD.

DHMH will spend over \$1.3 million this fiscal year funding cardio-vascular disease prevention programs in local health departments to promote healthy diet, physical activity and high blood pressure.

To view the full CVD report, go to <http://mdpublichealth.org/ocd/cardio> and click on "Maryland Cardio-vascular Disease Surveillance."

## Macular Degeneration a Leading Cause of Blindness

Did you know that age-related macular degeneration (AMD) is the leading cause of vision loss and legal blindness in the United States in adults over 60? And that it affects as many as 15 million Americans?

Macular degeneration is a progressive eye disease that, unlike eye conditions such as glaucoma or cataracts, gradually destroys sharp central vision which is vital for daily tasks such as reading and driving.

In some people, macular degeneration advances so slowly that it has little effect on their vision as they age. In others, the disease progresses faster and may lead to a loss of vision in one or both eyes.

Although it rarely causes total blindness, macular degeneration robs those affected of their sharp central vision and can dim contrast sensitivity and color perception.

It destroys the "straight ahead" central vision needed for reading, driving, identifying faces, watching television, navigating stairs and performing other daily tasks we take for granted.

Ordinary activities like cooking, paying bills and playing cards become challenging or impossible.

There are two different kinds of macular degeneration: 'dry' and 'wet.'

'Dry' macular degeneration occurs when the light-sensitive

cells in the macula, a tiny area in the middle of the retina, break down over time. Ninety percent of people with AMD have this type.

In 'wet' AMD, new blood vessels begin to develop behind the retina, which is a paper-thin tissue that lines the back of the eye and sends visual signals to the brain. These new vessels tend to be very fragile and often become leaky. The blood and other fluid leaks cause rapid deterioration of the macula.

People with dry AMD usually do not notice any changes in their vision, although over time, a blind spot may develop in their central vision.

People with wet AMD, however, may begin to see the blind spot quickly. In addition, wet AMD can cause straight lines to appear wavy. During your eye exam, your eye care professional may have you stare at a special grid. How it looks to you may help the doctor diagnose AMD. Your doctor also will look for yellow deposits called drusen in the retina, which can be an early sign of AMD.

There is no treatment for dry AMD. A recent study by the National Eye Institute has shown that high doses of antioxidant vitamins and zinc can reduce the risk of vision loss from age-related macular degeneration. While these nutrients are not a cure for AMD and will not restore vision already lost from the disease, they appear to help those at high risk for developing advanced AMD to keep their vision.

Laser surgery may be used to seal the leaky blood vessels and can help stop further vision loss in some cases of wet AMD.

While age is the greatest risk factor for AMD, there are other risk factors which can be controlled, such as high blood pressure and smoking. Nutrition also appears to play a role in the health of the macula. Antioxidant vitamins are available in supplements as well as in foods like fruits and vegetables, all of which support good retinal health. In general, the kind of low-fat diet recommended for good cardiovascular health is also good for healthy eyes. Finally, protect your eyes from the damaging rays of the sun by using a hat or visor and sunglasses.

**Editor's Note:** Thanks to Tara Snyder, Community Health Educator in the Office of Health Promotion, Education and Tobacco Prevention, for writing this article.



STATE OF MARYLAND

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